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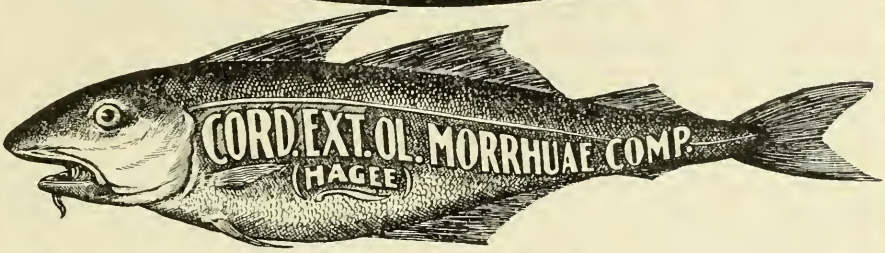

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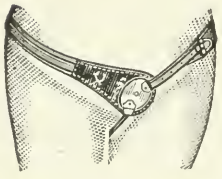

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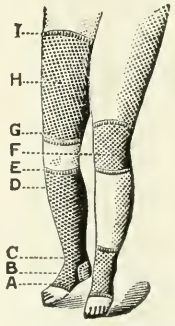

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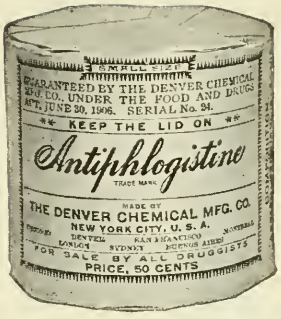
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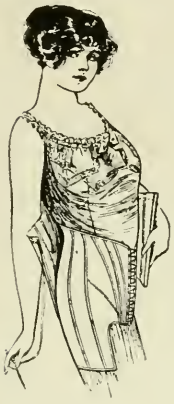

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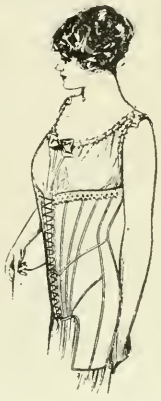

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MARYLAND
MEDICAL JOURNAL
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THE AMERICAN NATIONAL RED CROSS IN FIRST AID AND ACCIDENT PREVENTION.

By Major Robert U. Patterson,
Medical Corps, U. S. Army, Chief Bureau of Medical Service, American Red Cross.

While traveling in Italy during the Franco-Austrian Campaign of 1859, M. Henri Dunant, a distinguished Swiss gentleman, witnessed the scenes of suffering that followed the battle of Solferino and Magenta and became deeply impressed with the fact that the medical services of armies were totally inadequate to properly handle and care for the sick and wounded. Even today only bare necessities in the way of personnel and materials are furnished the sanitary services of armies, and it is just as necessary *now* as it was then to supplement the regular medical service by organized civilian assistance. M. Dunant was so affected that he wrote a vivid description of what he had seen, and urged the organization of volunteer relief organizations by all countries to follow their armies in campaign and assist their medical departments. As a result of his efforts the Society of Public Utilities of Geneva, Switzerland, took up the matter and placed the work under the supervision of a special committee, of which M. Henri Dunant was made the secretary. This committee held a preliminary meeting in February 1863, and issued an invitation to all European nations to meet in a conference subsequently held in October 1863.

Following that conference an international convention was assembled in Geneva in August, 1864. The organization which took place at that meeting was made possible largely through the efforts of Mr. Fogg, U. S. Minister to Switzerland, and Mr. Bowles, the European agent of the United States Sanitary Commission, who were able to place before the conference such evidence in the shape of documents and statistics, based on the work of the United States Sanitary Commission in the Civil War, which was then being fought, that the most skeptical members of the

convention became convinced of the practical value of such relief work. The United States, however, did not signify its adherence to the provisions of the Geneva Convention of 1864 until 1882.

Until recent years Red Cross Societies existed solely for the purpose of furnishing aid to the sick and wounded in time of war. Such assistance of course included, and still includes, first aid treatment, as well as the final treatment which is given in hospitals along the lines of communication and in the home territory. However, when the American Red Cross was reorganized by act of Congress, January 5, 1905, further duties were placed upon it, viz., "to carry on and conduct a system of national and international relief in time of peace, and to apply the same in mitigating sufferings caused by pestilence, famine, fire, flood and other great national calamities, and to devise and carry on measures for preventing the same." So that, following the last incorporation, our Red Cross has taken an active part in relieving disasters which have occurred in peace, while preparing at the same time to fulfill its principal duty, namely, the furnishing of assistance to the armed forces of our country in time of war. Since the final incorporation act more than $10,385,000 has been disbursed in relief work by the American Red Cross, some of the best known examples being the Ohio flood of 1913, and San Francisco earthquake of 1906, the Washington place factory fire, New York city, 1911; the "Titanic" wreck, the Mississippi floods of 1912. Foreign countries have received aid from our Red Cross on numerous occasions, instances being the Italian earthquake of 1908, the Chinese famine of 1907, the Valparaiso (Chile) earthquake, the Turkish-Armenian atrocities, the succoring of Syrian destitute, and extensively during the two recent Balkan wars.

In July, 1913, during the reunion held on the occasion of the fiftieth anniversary of the Battle of Gettysburg, July 1 to 4, inclusive, at Gettysburg, Pennsylvania, 11,540 veterans received assistance in the fourteen first-aid stations established by the Red Cross on the battlefield at that time.

Since the outbreak of the European War, in August, 1915, 75 surgeons and 255 nurses, composing sixteen hospital units, have been sent to Europe by the American Red Cross and maintained there for more than one year, assigned to duty with the belligerent countries. In addition, a sanitary commission composed of 42 physicians and practical sanitarians was sent to Serbia and remained there from April to October, 1915. From the outbreak of the war up to and including March 31, 1916, 204 shipments have been made to all the belligerent countries which aggregate 34,820 cases and are valued at $1,171,807.86.

Enough has been said to show that our organization has been and is still most active in giving general relief and in furnishing *first aid* in the larger meaning of that term, under war conditions. By the provision in our constitution, already referred to, we are charged to relieve "*other* great national calamities and to devise

and carry on measures for preventing the same." The appalling number of fatal accidents which occur annually in the United States has been considered by the American Red Cross to be no less than a national calamity, inasmuch as at least seventy-five per cent. of such accidents are preventable. It was therefore agreed that it was clearly the duty of the American Red Cross to endeavor to remedy such conditions by devising measures for preventing accidents or the fatal results thereof.

Accordingly, it was decided to organize a First Aid Department. Major Charles Lynch, Medical Corps, U. S. Army (now Lieutenant-Colonel) was placed in charge of the organization of the department and began the work on January 2, 1910. By act of Congress approved March 3, 1911, the Secretary of War was authorized to detail an officer of the Medical Corps of the Army to take charge of the First Aid Department of the American Red Cross. This gave to our organization an official right to the services of Colonel Lynch, and it is under that authorization that the present incumbent succeeded Colonel Lynch when he was ordered for a tour of duty in the Phillipine Islands in 1913.

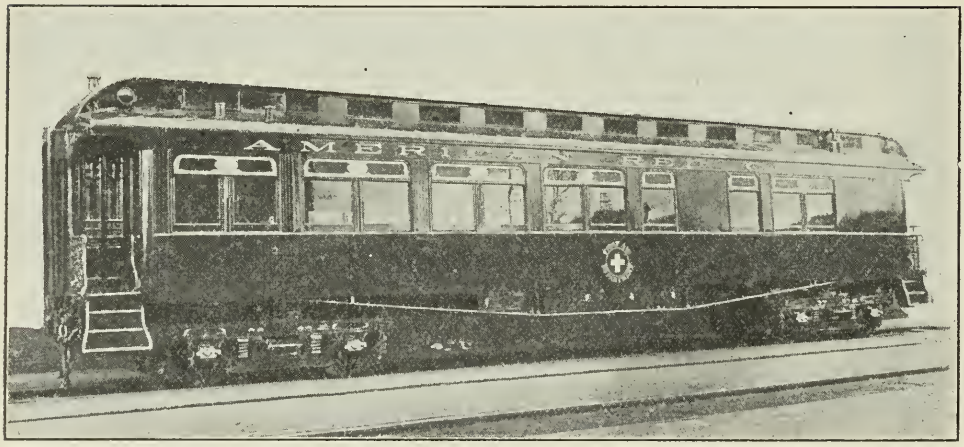
In May, 1914, a Bureau of Medical Service was created to meet an emergency which existed at that time and the First Aid Department was placed under that bureau. At the annual meeting in December, 1915, all relief work of the American Red Cross was separated into two departments, viz., the Department of Military Relief and the Department of Civilian Relief. Under the Department of Military Relief are three bureaus, one of which is the Bureau of Medical Service, which in turn has two divisions, a "Personal Division," which has to do with all male personnel for the Department of Military Relief, and the First Aid Division. As a result, what was originally known as the First Aid Department is now called the First Aid Division.

There are available some interesting statistics which are very similar to figures which existed at the time that it was determined to organize a First Aid Division, except that in some cases they are worse now rather than better.

According to the United States Bureau of Mines in 1914, out of a total of 742,644 men employed in the coal mines of the United States, 2451 were killed, or to put it more graphically, one man died for every 200,000 short tons of coal produced. According to the Interstate Commerce Commission, there were 202,964 persons injured in railroad accidents in 1914, of whom 10,302 were killed. It is encouraging, however, to note that these figures show a decease of 662 persons killed and 71,646 injured as compared with 1913. Analyzing the report further, it is noted that of the 10,302 persons killed, 265 were passengers, 3259 employes, and 6788 were other persons or "trespassers." Trespassing is one of the greatest evils with which railroad companies have to contend. Of the 192,662 injured, 15,121 were passengers, 165,212 employes, and the remaining 12,329 were other persons or "trespassers."

In 1913 among 106,278 men employed in the quarries of the United States there were 183 men killed, 1092 seriously injured, and 6647 slightly injured. The Bureau of Census (which now comprises a registration area of 65 per cent. of the total population of the United States) states that in 1913 there were 1998 deaths from street-car accidents; 2488 deaths from automobile accidents; 2381 deaths caused by other vehicles; 978 killed by lightning and electric shock.

It is quite significant that the year 1913 is the first one in which the number of deaths from automobile accidents exceeds those from "other vehicles." This, of course, can be accounted for largely by the fact that the use of automobiles is increasing annually. In compiling the deaths from "other vehicles," accidents connected with horse-drawn vehicles of all kinds, bicycles and motorcycles were included.



AMERICAN RED CROSS FIRST-AID CAR.

This car has a complete equipment for first-aid instruction and is also prepared to assist in rescue work after great disasters. Beside living quarters for the staff and storage-rooms for equipment, the car has an assembly or demonstrating room 26 feet long. This room can be quickly converted into an emergency hospital when desired. The car was donated to the Red Cross by the Pullman Company.

More than 800,000 men are said to be employed in the lumber industry of the United States, but there are no exact figures for the country. However, accurate statistics have been kept in the State of Washington. In the first five months of 1914 out of 181,000 men employed in the industries of that State 35 per cent. (63,350) were employed in the lumber industry. Among these men during that period of time there was a total of 4928 accidents. In the same State during the period October, 1911, to September, 1913, among 47,400 men employed in the logging camps and lumber mills at that time there were 251 deaths, 990 men were permanently disabled from earning their own livelihood.

and 8420 others were *temporarily* totally disabled as a result of accidents.

The Interstate Commerce Commission Report for 1912 contains the following significant statement referring to certain safety devices which they had required to be installed on railroads within a certain time:

"Up to the present time, however, but a small per cent. of the total number of cars to which the rule is applicable have been equipped, and unless the work is expedited, it cannot be completed within the time allowed by the Commission's order."

This goes to show how slow some companies are to comply with regulations looking to the safety of their employes and the public. There are equally distressing facts and figures connected with other industries.

It has been conservatively estimated that between 90,000 and 100,000 fatal accidents occur annually, and that five times that

JUDGES AND TEAMS AT WORK.

First-aid Division, American Red Cross, First-aid Contest.

number of accidents occur which result in incapacitating individuals from earning a livelihood. Computing very conservatively the earning capacity of each of this latter group at $500 per annum, an aggregate money loss of $250,000,000 annually is indicated. These latter figures of course take no account of expenses incurred by legal claims, damage suits, of the loss to employers of employes, expenses for surgical care, and finally the suffering and sadness brought into thousands of homes, which latter cannot be measured in terms of dollars and cents.

By a campaign of education the public has finally been aroused to the fact that most of the communicable diseases are preventable, but it has been a very difficult thing to bring to them a realization of the fact that this is also true regarding accidents. One of the most striking examples of the elimination of a disease is

the practical disappearance of typhoid fever from the morbidity tables of the United States Army. In the Maneuver Division in Texas in 1911 only two cases of typhoid fever occurred among 15,000 men. One of these was a civilian teamster who had not been protected by inoculation and the other was a private in the hospital corps who had not completed his course of immunization. For the past three years from six to twelve thousand troops of the United States Army have been in camp or participating in maneuvers at Galveston and Texas City, Texas, and on the Mexican border, and yet only one case of typhoid fever has developed among these men. At the same time among the civilian population living alongside of these troops typhoid has been an almost daily occurrence. According to the United States Census there has been a steady decrease in the death rate from preventable diseases in our country, while deaths due to accidents have just as steadily increased.

The first question then that the First Aid Division had to solve was how to remedy the existing conditions and change the attitude of the public towards accidents. Methods for the prevention of accidents fall naturally into two headings:

1. Education.
2. The installation of safety devices.

Education should begin with the employer and then extend to employes and to the general public. A walk through the Museum of Safety in New York City is in itself an education on the subject of safety devices and appliances, and similar institutions should be installed in all of the larger cities. Employers may be appealed to in two ways, first on their purely humanitarian or sentimental side, and secondly from a cold-blooded business standpoint. Convince them that they can save money by preventing accidents and their interest will be aroused at once. It is easy to demonstrate to employers that the prevention of accidents will lessen the number of cripples to be cared for, diminish the death rate among employes and minimize the number of damage suits and legal expenses. The time lost to the company while employes are disabled and the resultant reduction in the efficient operation of their plants due to the breaking in or training of new men will also be lessened, and the efficiency remain constant. Statements of this kind bring the matter home to employers, or to use a slang expression, when you show the employer how to save money "you hit him right where he lives." It must be said, however, that practically all employers are now becoming greatly alive to the necessity of accident prevention and are even going further. Nevertheless, with all the known precautions and devices that there are for the prevention of accidents, there will inevitably be a certain number of them, and employers are more than willing to support measures calculated to mitigate the results of such accidents by bringing a knowledge of "first aid to the injured" within the reach of their employes.

The employes themselves are reached principally through this latter means—that is, by teaching them first aid. They are shown that deaths from uncontrolled bleeding can be prevented, and that "simple" fractures can be kept from becoming "compound" when properly handled. There are numberless other equally good examples by which their attention can be arrested at once. Teach the workingman safety or accident prevention *plus* first aid, and good results will always follow!

In many of the mining companies of the United States it has been clearly demonstrated that the accident rate among men with a knowledge of first aid and accident prevention is 75 per cent. less than that among their uninstructed comrades. Dr. M. J. Shields of the First Aid Division of the American Red Cross, who is one of the pioneer teachers of first aid in this country, says that accidents occur most frequently among two classes of workmen, viz., either the very new and "green" man, or the expert old employe who grows careless. It has been observed that first-aid instruction makes the expert or old employe not only more careful in regard to his own hurts, but ready to offer kindly advice and caution to his less experienced co-workmen. After all is said, the greatest benefit is received by the workingman himself, first by the *prevention* of accidents, and secondly by *efficient first-aid treatment* when injuries actually occur. Good first-aid treatment will shorten the time lost by workmen on the disabled list because hospital records show that patients who have received such assistance and care are in better condition when they enter those institutions. How is this brought about? When injuries receive prompt first-aid treatment—as when factures are properly immobilized, thus enabling the patient to bear transportation—the amount of pain and resultant shock is greatly diminished. There are also fewer cases of infection as a result of the knowledge possessed by first-aid workers. All of these things promote the general welfare of the injured and increase their chances for an early recovery. This is also a great reduction in the outlay for maintenance in hospitals, by lessening the number of days lost in such institutions by injured men, and also a great cutting down in expense for surgical dressings, as wounds are apt to remain clean instead of becoming infected. From the physicians' standpoint the good condition in which they receive their patients after proper first-aid treatment commends such instruction to the entire profession.

One word of warning, however, should always be given when commencing first-aid instruction. "First Aid" in its proper sense is simply what the layman can do "until the doctor comes" or "what to do in order to get the patient to the doctor in the best condition." To go further would be dangerous and inadvisable. No one wishes to be treated by anyone but a physician when they are injured or ill, *unless the services of a physician are unobtainable immediately*, and it is precisely to meet such situations that first-aid instruction should be given. In other words, first-aid

instruction teaches what can *properly be done* and what *cannot properly be done* to a sick or injured person.

The present staff of the First Aid Division consists of four physicians and one life-saving expert, in addition to the officer in charge. Two doctors are kept constantly on duty on our two first-aid cars traveling over the railroads of the country, and the other doctors are detailed in other large industrial fields and independent companies. It has been our practice to keep one of the cars on railroads east of the Mississippi River, and the other on the railroads west of that river. At the present time Car No. 2 is engaged on a tour of the Erie Railroad System, which it began at Chicago on March 7, and is to terminate at Jersey City, N. J., on April 17.

Recently Car No. 3 while engaged in a campaign on the Illinois Central Railroad was wrecked and burned near Greenwood, Miss. Through the generosity of the Pullman Campany we are to have another car to replace it in a few weeks. At the time of the destruction of the car we had already arranged for a campaign of first-aid instruction on the Missouri, Kansas & Texas Railroad to start at St. Louis on March 19. Through the courtesy of Mr. A. A. Krause, safety commissioner of that railroad, the physician and porter formerly on Car No. 3 were transferred to the "Safety Car" of the M. K. & T. line, and are using it to do the work on that road. To give one an idea of the amount of work accomplished by the doctors on our cars, the reports for 1915 show that eighteen railroads were covered between December 7, 1914, and November 20, 1915. This entailed travel aggregating 22,977 miles and the delivery of 818 lectures and demonstrations by which 46,839 railroad employees received instruction.

A number of industrial companies such as the New York Telephone & Telegraph Company, the Bell Telephone Company of Pennsylvania, the Chesapeake & Potomac Telephone Company, the Edison Illuminating Company of Brooklyn, N. Y., and also large mining concerns have been loaned the services of members of our staff to instruct their employes in first aid. The police and fireman of Washington, Baltimore, Philadelphia, New Orleans, Toledo, Cleveland and Chicago and many other large cities have been instructed either by the physicians or the life-saving expert on the staff of the division.

For more than 18 months previous to June, 1915, the American Red Cross endeavored to enlist the interest and financial cooperation of those engaged in the lumber industry of the United States, asking various companies to join us in a systematic campaign of instruction in accident prevention and first aid to the injured among the employes of logging camps and lumber mills. Finding that it was practically impossible to obtain financial assistance from them, it was decided to inaugurate the instruction ourselves, hoping that the results would convince those who employ lumbermen of the practical and economic value of such work, and appeal to them *through their pockets,* if not on purely humani-

tarian grounds. Accordingly, early in June, 1915, Dr. W. N. Lipscomb was detached from American Red Cross Car No. 2 and directed to take charge of this work. As an attraction in launching the undertaking it seemed desirable to have one of our railroad first-aid cars attached to the "lumber service" for the first month, and Dr. Wm. T. Davis with Car No. 2 was directed to remain in Washington State and co-operate with Dr. Lipscomb until the middle of July. There are more men employed in the logging camps, sawmills and lumber yards of the State of Washington than any other State. For that reason Washington was selected as the one in which to start our campaign. Very fortunately for the plans of the American Red Cross many influential citizens of that State have become interested in the work, and have given it their moral as well as personal support. The first lectures and demonstrations by Drs. Lipscomb and Davis were given at Camp No. 5 of the St. Paul and Tacoma Lumber Company at Orting, Washington, followed by lumber companies at Paulson and at Hoquiam and Aberdeen in the Gray's Harbor District.

Since the inauguration of the work in June, 1915, and up to November 20 of the same year, Dr. Lipscomb gave instruction to lumbermen in the Gray's Harbor District, at Montesano, Seattle, Everett, the Arlington District, Sedro Wooley District, and at Tacoma and its vicinity—all in the State of Washington. In covering that territory in the time specified, he visited 76 logging camps and lumber mills, and instructed 7265 lumbermen. While instructing lumbermen he also has taken time to teach a large number of special classes among other industries.

The usual procedure followed when commencing a first-aid campaign on railroads is to arrange with the Operating and Safety Departments of the road for an itinerary providing for stops at all important points, as division headquarters, terminals, roundhouses, shops, etc. The instruction is carried on with the full co-operation of the medical and surgical services of the roads concerned. General bulletins announce the routing of the car and are sent out in advance from the head offices of the road, and give the dates the car will arrive at the points for which stops have been scheduled, and other information. Any changes that are made are telegraphed ahead of the car. In addition, it is customary for division superintendents or their deputies to send ahead of the car additional advices as to the exact time of arrival, and *when practicable* the hours for meetings, etc., while the car is on their section of the line. Whenever the car reaches a stopping point, the doctor in charge confers with the local railroad officials and arranges the hours for the lectures. Usually two or three are held daily, lasting for about one hour each. At places where shops are located a large mass-meeting is generally held in some open space, and the demonstrations are given on a temporary platform in plain sight of all. Such meetings usually take place between 12.30 and 1 or 2 P. M., and routine lectures are at 10 A. M., 3 P. M. and 8 P. M. Railroad officials, with few exceptions, arrange to

allow men time off to attend these meetings, but not infrequently the lectures are given on company time. In the evenings, meetings are generally held on the car, but when suitable halls are available in the vicinity they are utilized. Each talk is started by the doctor with some general and special remarks on "safety and accident prevention," after which volunteers are called upon from the audience on which to demonstrate simple and practical first-aid methods, such as how to arrest bleeding, the treatment of burns, the immobilization of fractures, artificial respiration, method of transporting patients on litters, and different ways of improvising litters and stretchers when such are not available. At the close of the talk a few moments are devoted to answering questions.

Whenever industrial concerns, other than railroads, request the assistance of the division, a doctor is detailed by the officer-in-charge to proceed to the headquarters of the company and there arrange a schedule for a short but thorough course by lectures and practical demonstrations, so that the men employed in each branch or department of the company will be able to avail themselves of the instruction. Frequently as a result of the doctor's lectures many of the men desire to go further and will apply for the regular Red Cross course, which leads to the award of the Red Cross certificate of proficiency in first aid. Thousands of first-aid classes have been organized all over the country, not only among industrial employes, but in schools, colleges, among social workers and in many instances wealthy society people.

Each class consists of not less than four or more than twenty-five members. The class president or secretary nominates to the First Aid Division some physician to act as their instructor. If his credentials are found to be satisfactory from records in our office, the physician is duly authorized to give the instruction for the Red Cross. The course consists of not less than ten lectures and demonstrations each of one and one-half hours' duration. When ready for examination a physician other than the one who gave the instruction is authorized to conduct it under the same conditions. The examiner is required to use the examination form sent out from the Red Cross office and to follow the system of marking thereon. Those who attain a mark of 75 per cent. in the written and practical work of the examination are entitled to certificates. A special circular giving full information on the subject of organization, instruction and examination of American Red Cross First Aid Classes may be obtained on application to the Washington office.

In order to have a standard work for the use of physicians who desire to teach first aid, and for the use of their pupils, an excellent text book was written by Major Lynch. While physicians are not obligated to use the American Red Cross textbooks in teaching first aid, as any other standard work is acceptable, it is preferred that they do so, because to date it is the only work on first aid which deals with the prevention of accidents as well as

with their treatment. The first book written is very full and includes information on the subject of relief columns. To meet the desires of those who are more interested in first aid alone, rather than in relief columns, an abridged edition was issued which is known as the "general" edition, and was followed by another one suitable for workmen called the "industrial" edition. Other editions have been written to meet the special needs and work of Women, Police and Firemen, Miners, and Railroad employes. The "industrial" edition has been translated into Italian, Lithuanian, Slovak, Polish, Chinese and Spanish. In addition to the textbooks, each first-aid class should have a set of charts illustrative of the skeleton, muscles, and circulatory system of the body, and a supply of bandages, splints, and other materials with which to practice. The latter supplies are contained in the American Red Cross "First Aid Instruction Outfit," and includes bandages of all kinds, splints, tourniquets, first-aid packets and safety pins, etc. With the books, charts and an instruction outfit an excellent course can be given to any class.

So many manufacturing and other concerns have requested the Red Cross to recommend to them first-aid supplies that a number of boxes have been placed on sale with the contents adapted to the peculiar needs of various industries, and for every-day life. In our First Aid Supply Section at the present time we keep boxes, packages and a varied assortment of dressings, and other special first-aid equipment. There are two household boxes (large and small), an industrial box, one for schools, and a gymnasium, street, telephone, railroad and automobile box. We also have furnished special boxes to the Forestry Bureau, Department of Agriculture, and to the United States Coast Guard. A special box has been devised for the New England Telephone & Telegraph Company. In many instances companies do not know just what they require and write to us for information. The division is ready to give advice and to manufacture and supply boxes and special dressings to meet the needs of individuals upon request. All of our first-aid materials are listed in a catalogue, and are sold at cost price, *plus* an additional charge to cover expense of handling, shipping, etc. It is pure extravagance to put articles in first-aid boxes that are not necessary. It is also dangerous to place improper articles in them. Not long ago it was proposed by an official of a certain company to place a number of poisonous drugs in a first-aid outfit which they intended to have used by young and inexperienced boys! One can readily imagine what serious results might follow such a procedure.

Realizing that throughout the country there is a general lack of uniformity in the methods of teaching first aid, in the types of first-aid boxes, packages and other first-aid equipment, and in first-aid practice, a number of surgeons of the Army and Navy, the Public Health Service, railroad surgeons and physicians and surgeons prominent in civilian life met at the New Willard Hotel, Washington, D. C., August 23 and 24 to discuss the standardiza-

tion of these different things. The conference made a permanent organization to be known as the "American First Aid Conference" and passed a resolution recommending to the President of the United States that he appoint a board to represent the Medical Corps of the Army, the Medical Corps of the Navy, the U. S. Public Health Service, the American National Red Cross, the American Medical Association, the American Surgical Association and the Association of Railroad Chief Surgeons, to go over carefully all of these subjects and to make a report to a subsequent conference to be called by the permanent chairman. As a result of this recommendation, the President appointed such a board, which is now meeting from time to time, and it is expected that they will be able to make a report within the next six months or a year. The recommendations of the board will be most valuable, and it is expected that the majority of industrial concerns will adopt their suggestions with few reservations.

The American Red Cross is affiliated with the Y. M. C. A. and the Y. W. C. A. in first-aid work and issues a joint certificate with these institutions under certain restrictions. Mutually beneficial relations exist between the Red Cross and the Boy Scouts, the Girl Scouts, the Bureau of Mines and many members of the medical service of the National Guard. There are many ways in which the Red Cross has endeavored to introduce a knowledge of first aid to the country at large and to stimulate continued interest in such work among those who have received instruction. We have special funds from which annual donations are made for the best instances of first-aid work performed in each calendar year, provided that workers are holders of Red Cross First-Aid Certificates, or are persons who have been instructed under Red Cross auspices. One of the funds is known as the "William Howard Taft Fund," and the prizes from that particular fund are restricted to instances of first-aid treatment by *railroad employes.* The prizes in both funds are four in number and are in the sums of fifty, twenty-five, fifteen and ten dollars for the first, second, third and fourth prizes, respectively.

By holding first-aid contests, field days and public exhibitions at which Red Cross prize medals and prize certificates are donated to members of winning teams, the cause of first aid has been greatly helped. In the mining districts they have company elimination contests to ascertain the best teams, and these teams then represent their companies at what are known as "intercompany" meets. The largest first-aid meets are "interstate" affairs. The most important first-aid meeting for miners that has ever been held in this country took place on the 22nd, 23rd and 24th of September, 1915, at the Panama-Pacific Exposition at San Francisco, California. The first day of the meet, September 22, the contests were held under the auspices of the California Metal Producers Association, and the entries were limited to teams from the State of California. On the 23rd teams representing *nine* different States competed in an elimination contest to de-

termine the teams from each State to represent the respective States in the final events. The deciding tests were held on September 24 and were most closely contested. At this meet the judging was in charge of the American Red Cross, which also awarded medals and prize certificates. Fifty-one prize medals, and seventy-five prize certificates were awarded by the American Red Cross at nine large first-aid contests during 1915. The interest and keen rivalry which is developed at these contests is astonishing, and hardly more enthusiasm could be evinced at some of our large football or baseball games.

For some years the First Aid Division has been greatly concerned by the number of drownings occurring annually. That such interest is warranted may be gathered from the following figures from Mortality Statistics of the United States:

DROWNINGS.

	Suicide.	Accident.	Total.
1912	476	5313	5789
1913	568	6468	7036

Accordingly, it was decided to make an attempt to prevent such loss of life through water accidents by organizing a Life-Saving Corps in the First Aid Division of the Red Cross to teach what may be called "water first aid." An expert life saver was added to the staff of the division on February 1, 1914, to act as organizer and instructor of local Life-Saving Corps. Since that date life-saving corps have been organized in nearly all of the principal cities east of the Mississippi River, and it has been planned to cover the larger cities of the Pacific Coast during the present swimming season. Since the organization of the Red Cross Life-Saving Corps 102 local organizations have been started, of which 35 have complied with all of the requirements and have been granted charters. The membership of the American Red Cross Life-Saving Corps in 1915 was increased by 409. The total number of members to date is 748, including corps members and members at large. Four prizes are awarded annually by the American Red Cross for the best instances of *life saving* which occur as a direct result of Red Cross instruction. The four prizes for "water first aid" are in the same amounts as the prizes for general first aid and first aid among railroad men. The first prize in 1914 went to a member of the Jacksonville (Fla.) Life-Saving Corps who rescued a man from drowning in the St. John's River, at Jacksonville, Florida, on the night of December 14, 1914, at the risk of his own life. It may be of interest to Marylanders to know that the first three local Life-Saving Corps of the American Red Cross were organized in Baltimore.

The First Aid Division is represented by membership in the National Safety Council and is also on special occasions represented at the annual meetings of medical societies. Two or three moving-picture reels and a series of lantern slides are available

for the use of our staff on public occasions. First-aid instruction is carried on at the Seamen's Church Institute in New York City, the instruction being given at the present time by a surgeon of the United States Public Health Service. Successful candidates are given Red Cross certificates of proficiency in first aid. From time to time we lend the services of our doctors to the Bureau of Mines for short details on their Mine Rescue Cars.

The large number of accidents which occur in the limestone, sandstone, cement rock and granite quarries have attracted our attention for some years, and it is hoped that funds will soon be available to enable this division to detail physicians to take up "instruction in first aid and accident prevention" among men employed in that work. There are many other industries to which it is eventually desired to extend our work, all of which will be undertaken when funds permit.

In this way, as I have outlined, the First Aid Division has endeavored to extend a knowledge of first aid and accident prevention to all parts of the country, assisting those who desire assistance, and co-operating with the medical profession at large.

One of the great objects which the Red Cross hopes to accomplish by its first-aid campaign, in addition to the *primary humanitarian one of life conservation*, is to obtain a reserve of trained men to use in time of *war*. Thousands of people who have been instructed in first aid by the American Red Cross are already favorably disposed toward our institution and will flock to its assistance should it be necessary to call upon them. In the event of war it is the duty of the American Red Cross to assist the Army and Navy. This duty has been placed upon them by the Presidential Proclamation of August 22, 1911, issued to comply with the provisions of the Geneva Convention. The proclamation states that the American Red Cross is the *only association authorized* to assist the armed forces of the United States in time of war and that any other civilian society desiring to help can only do so *through the* American Red Cross.

Orders issued by the War and Navy departments subsequent to the proclamation have definitely stated the character of the assistance they expect to receive from the Red Cross. In the organization of field, hospital and supply columns and information bureau sections the Red Cross will need not only professional personnel, but a large number of trained and untrained non-professional personnel. In the field and hospital columns, those who have been trained in first aid to the injured and transportation methods, and who are physically capable of acting as litter bearers, orderlies and attendants, will be greatly needed. It is expected that from the lists of the men who have been trained by the American Red Cross a large number of such can be obtained. Women who have taken the American Red Cross course in "first aid" will be of more value to the American Red Cross than those who have had no training, and if they have supplemented their instruction in first aid, with the course in "Elementary Hygiene

and Home Care of the Sick," also offered by the American Red Cross, they will be considered as eligible for assignment to duty as "nurses' aids." In other words, where vacancies occur for "nurses' aids" in connection with Red Cross units when considering volunteers, women who have had Red Cross training will be given the preference.

It has been stated that wars are few and calamities are many. This is a truism, but even the most optimistic will not deny the possibility that our own country may become involved in hostilities in the not distant future.

In closing it may be stated that while our first-aid work may not be perfect, and that possibly errors may have been made, we have nevertheless done much toward accomplishing the task that we have undertaken in a very satisfactory manner. Thousands of people have been reached, lives have been and are being saved, and the moral influence back of a nation-wide organization such as ours will enable the Red Cross to be what it hopes to be—an ever-increasing benefit to the people of our country. While we believe that a strong national organization like the Red Cross can accomplish more than numbers of isolated and independent bodies with similar ideas regarding first-aid instruction, we are nevertheless willing to co-operate with such societies in every way possible for the attainment of our common object, namely, the saving of life and the prevention of needless suffering.

Candy Medication. By Bernard Fantus, M.D., Professor of Pharmacology and Therapeutics, College of Medicine, University of Illinois, Chicago. St. Louis: C. V. Mosby Company. Cloth, $1 net. 1915.

Getting medicine into a child is often fraught with the greatest difficulty. It is therefore particularly opportune that Dr. Fantus gives to the profession, or, at any rate, endeavors to impress upon the profession, a method by which it is easier to induce children to take medicine. He states candy medication has given such delightful results in practice among children that the method should be more widely known and used. If the method is to become more available, the author believes a basic formulary should be employed. It is with this formulary that the present work is concerned, and is the result of five years' experimentation and experience in private practice. Surely the administration of drugs to children in a palatable form should receive much thought; indeed, much more than is generally given. Candy medication from the experience of Dr. Fantus appeals to us as the ideal method. Those interested—and every doctor concerned with the management of children should be—should obtain the above-mentioned book, and after a careful study of the method will find that he can get medicine into the child with less effort than by the employment of syrups, etc.

CHRONIC CYSTITIS—REPORT OF CASES.*

By A. G. Rytina, M.D.

When I scanned this program this morning and beheld the names of the celebrities thereon and saw mine heading the list, I felt at once embarrassed and surprised. Dr. Smith, our superintendent, who composed the program, must feel as I do, viz.: that since vice has been cleaned up in Baltimore city, genito-urinary surgery is the most important in all the domain of medicine to you who are practicing in Baltimore county, especially those of you who are practicing in and around Highlandtown.

In the brief time alloted me I wish to present two interesting cases of chronic cystitis, which demonstrate at times the need of more or less radical means in alleviating conditions that fundamentally are more or less benign.

The first case I will show you is this young man, 28 years of age, who came from Savannah, Ga., complaining of marked frequency of urination and strangury. His family history is negative, and there is nothing of importance in his past history, excepting an attack of gonorrhea which he contracted six years ago. His present trouble began three years ago. One surgeon diagnosed stricture at neck of bladder and operated, but without result. Another failed to relieve him by operation for what he called bladder ulcer. When he came to us his condition was more aggravated than ever, being compelled to void every few minutes with a marked suprapubic pain that was not benefited by morphia. When the desire to urinate comes on, if he does not respond it will flow away from him. For the last six to nine months notices hematuria after defecation, sleeps poorly, has lost 25 pounds in weight.

Genito-uninary examination revealed the following: External genitals normal; there is no visible urethral discharge, and the voided urine is cloudy, containg on microscopic examination many pus cells, red blood cells, and organisms, staphylococci and bacilli. There was a heavy ring of albumin present, no sugar, no casts.

Rectal examination: No hemorrhoids. The prostate is normal in size and shape, but somewhat indurated in consistency. Both seminal vesicals feel normal. Functional kidney test: Phenolsulphonephthalein, 6 mg. injected intramuscularly, time of appearance 10 minutes, output for the first hour 60 per cent. Urethral examination: Large sized bougie a boule passes down to the external sphincter without encountering any obstruction or urethral thickenings. Urethroscopy shows in the posterior urethra an inflammed granular condition of the floor. The verumontanum is not increased in size; it is somewhat red and edematous, and projecting off from its superior surface is a relatively narrow polyp about 1 cm. in length. Cystoscopy: No residual urine, bladder capacity 30 cc. The introduction of the

*Address delivered before the Baltimore County Medical Society, February 16, 1916.

cystoscope or any other instrument causes severe pain and involuntary bladder contractions. Any attempt to introduce fluid in the bladder through the irrigating cystoscope is impossible on this account, the fluid immediately escaping from around the instrument. Cystoscopy on this account impossible.

On account of the history of the case and these incomplete findings, the diagnosis of chronic cystitis was made. We felt that the kidney infection could probably be excluded on account of the history and normal functional output. The albuminuria was due to the blood and pus present in the urine. On account of the failure of the two previous operations, the impossibility of carrying out any local treatment in the bladder on account of the vesical irritability, a distinctly bad prognosis was given. The patient's condition being so miserable, I agreed, at his solicitation, to perform an exploratory suprapubic cystotomy, assuring him, however, of the improbability of any improvement. This was accordingly carried out, and we were surprised, on exposing and examining the interior of the bladder, that it showed only a very slight degree of cystitis and the bladder wall was only very slightly thickened. We decided then that the bladder was not directly responsible for the patient's condition, but that the polyp in the verumontanum and the posterior urethritis set up an irritable condition in the region of the vesical neck which was primarily responsible for the patient's difficulties. We then passed down through the bladder into the posterior urethra a sharp curette, and thoroughly curetted the whole posterior urethra. The bladder was sewed up around a rubber drainage tube and the patient sent to the ward. The tube was removed at the end of the fourth day, and from that day to this he has not experienced the slightest degree of pain; the suprapubic wound healed thoroughly in three weeks. His urine is now perfectly clear, free of albumen, and the urinary intervals have increased from 10 to 15 minutes to 2 hours and 20 minutes. Under hydraulic distention of the bladder (gradual dilation of the bladder by forcing fluid therein by means of bladder syringe or irrigator) we will gradually increase this man's bladder capacity so that he will be able, or nearly able, to retain his urine the normal limit of time. Endoscopy of the posterior urethra shows the verumontanum normal size, with two or three small granulation areas present on its top and lower walls. The polyp was thoroughly removed by curettage.

One of the surgeons who operated on him previously was curious to know just what was done to relieve his condition. He was a general surgeon, and did not avail himself of the advantage which the urethroscopic examination gave me.

The second patient is this young girl, 18 years old, who was referred to me by Dr. O. O. Cooper of Hinton, W. Va., with the possible diagnosis of bladder tumor. Her family history is negative, with the exception that her father died of tuberculosis. Past history negative. Present complaint dates back to five years ago, when the patient noticed frequency of urination, voiding

every few minutes, both day and night, and hematuria. She voided only a few drops at each urination, and act was accompanied by a burning, stinging sensation along the urethra. There was much straining, and if patient did not void when the desire came, she would have incontinence. Symptoms are increasing in severity. She has received treatment in two different hospitals, but without any relief. At the last hospital she was cystoscoped and a possible diagnosis of bladder tumor was made. Vaginal examination (Dr. Gardner) negative.

Phenolsulphonephthalein, 6 mg. intramuscularly, 60 per cent. for the first hour and 10 minutes. Urine examination: Cloudy, many pus cells, few red blood cells, many bacilli, albumin, triple positive, no casts, no sugar.

Cystoscopic examination: Cystoscope entered with ease. No residual urine. Bladder capacity 60 cc. No stone, no tumor or vesical diverticulum seen. Everywhere the bladder is highly infected and inflamed, and in several places large masses of mucopus are adherent to the bladder mucosa, which look somewhat like papillomata. These masses, however, can be dislodged by a stream of water through the cystoscope. The cystoscopy, on account of pain, straining and bleeding, is unsatisfactory. Diagnosis: Chronic cystitis. The diagnosis of bladder tumor could be almost excluded by the history and age of the patient. First of all, bladder tumors in children are extremely rare, and when they do occur they are usually met with between the ages of one and five years. They are clinically if not pathologically malignant, and their course is generally rapid and fatal.

We learn from this girl's history that the symptoms came on at the age of 13, a duration of five years, and her physical condition has been unaffected. The cystoscopic examination further clinches the diagnosis of chronic cystitis. Treatment: We tried first the regular routine treatment for cystitis, viz.: irrigation with boric acid and silver nitrate solution. Urotropin and much water internally, etc. We were not surprised that this treatment failed, as it was carried out in the two hospitals she formerly visited. We accordingly decided to do a suprapubic cystotomy, both for the purpose of drainage and exploration. It was thought possible that there might be something in the bladder which we failed to find with the cystoscope. At operation only a very small thickened contracted bladder was found, which was the seat of an intensive cystitis. The wound in the bladder was sewed up around a rubber drainage tube and the patient sent to the ward. Since the operation her pain has entirely disappeared, and the wound is healing nicely. We will not get as good a result in this patient as in the other case, on account of the contracture of the bladder not being due to irritability, but to true muscular hypertrophy of the bladder wall. However, the cystitis will be improved, and this will get rid of her pain and increase her capacity, but not to normal.

I thank you.

Book Reviews.

Diseases of the Skin and Eruptive Fevers. By Jay Frank Schamberg, M.D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Third Edition. Thoroughly Revised. Illustrated. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1915. Cloth, $3 net.

Since the appearance of the last edition of Schamberg's Diseases of the Skin quite a bit of additional knowledge concerning syphilis, Rocky Mountain spotted fever, etc., has been added to what was previously known. The proper place of the Luetin and Wassermann reactions in their reliability as diagnostic agents is about settled. The same statement applies to the newer syphilic remedies. Consequently the present edition has been brought up to the last minute. As in the previous editions, so in this, one notes the prevailing tone of practicalness. It is a well illustrated, written and balanced piece of literature. While not overly full, still it is fulsome enough for its purposes, namely, a student's and general practitioner's handy reference book. These classes of readers do not desire a too full book, but one which contains the essential and necessary facts in as few words as compatible with a clear understanding of the problem under discussion. And they get it in this latest Schamberg's effort. It is modern, thoroughly reliable and thoroughly up to date. It gives us great pleasure to recommend it to our readers.

What to Eat and Why. By Carroll Smith, M.D., Boston, Mass. Second Edition, Thoroughly Revised. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1915. Cloth, $2.50 net.

Herein the author presents to the medical profession the fundamental elements of food and the principles underlying its use. He tells why a change of diet is beneficial in such and such a condition, and the food which should be substituted. Much work has been done in metabolism and the relationship of food to disease within the past few years that the active, alert practitioner is now fully awake to the possibilities of combatting disorders of various kinds by a change of diet alone. The diet in typhoid fever, rheumatism, diabetes, gout, heart diseases, kidney affections, tuberculosis, obesity, etc., influence the course of the disease markedly. An injudicious diet can do much harm, whereas a proper one will go a long way to the restoral of health. It is with these problems that the book above mentioned deals. And as long as it not only gives the proper diet, but the reasons therefor, it should go a long way toward clarifying the mistiness concerning the correct diet in metabolic and systemic disorders.

A Textbook of Pathology. By Alfred Stengel, M.D., Sc.D., Professor of Medicine, University of Pennsylvania; Physician to the Pennsylvania and the University Hospital, and Herbert Fox, M.D., Director of the Pepper Laboratory of Clinical Medicine, University of Pennsylvania; Pathologist to the Philadelphia Zoological Garden. Sixth Edition, Reset. 468 Text Illustrations, Many in Colors, and 15 Colored Plates. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. Cloth, $6 net. 1915.

It can be described by no other words than absolutely perfect. This is another one of Saunders' brag books, and justly so, as it is about the best on pathology published. We are absolutely certain of our position when we state there are none superior and but few as good. In this edition much new material has been added to the sections on transmissible diseases, glands of internal secretion, inflammation, nutrition, metabolism, etc. It is today, as formerly, a standard work, and should prove satisfactory in every way to its owners. It gives us the greatest pleasure to recommend it to our readers, with the sincere belief that they will be more than pleased with the manner in which the authors have handled their task.

Diseases of the Nose and Throat. By Algernon Coolidge, A.B., M.D., Professor of Laryngology in the Harvard Medical School; Laryngologist to the Massacuhsetts General Hospital. Illustrated. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1915. Cloth, $1.50 net.

This book is nothing more or less than it professes to be, a manual. As such it should prove useful to students in gaining an insight into the basic principles of rhinology and laryngology. It is deleted of all superfluous material, containing only what is essential for a student to gain a proper perspective of those conditions embraced under the category of nose and throat diseases. After briefly stating the methods of examination, clinical history and anatomy and physiology of the nose, the author plunges into a discussion of the diseases of the nose, and in the following order—external nose, septum, nasal cavities, accessory sinuses, anatomy of the pharynx, the tonsilar ring, etc. Simple of diction, brevity of statement, accuracy of presentation of the several subdivisions should render the volume popular with students and general practitioners looking for good elements of rhinology and laryngology.

Hospitals and the Law. By Edwin Valentine Mitchell, LL.B., of the Faculty of the College of Law, University of South Dakota; Author of "The Doctor in Court." New York: Rebman Company. 1915. Cloth, $1.75 net.

In this book the author discusses the responsibilities of hospitals to their patrons. Many suits have been instituted against char-

itable institutions for alleged or evident ill-treatment. It is these that the author brings together under a single cover and analyzes. He distinguishes between an eleemosynary institution and one conducted for private gain. In the former the law holds that the board of trustees is not responsible for negligent acts on the part of its employes. Decisions on this point have been handed down upon numerous occasions, generally the judge holding that a person participating of charity cannot recover from a charitable institution because the funds of that institution would be diverted from the purposes for which they were intended. This is only an example of the law as it affects the hospital contained within this very meritorious little volume. Certainly it should find constant service in the hands of those engaged in protecting the legal interests of hospitals. A volume should be in the library of every hospital so that it is handy of access whenever needed.

A Textbook of Nervous Diseases. For Students and Practicing Physicians. In Thirty Lectures. By Robert Bing, Dozent for Neurology at the University of Basel. Only Authorized Translation. By Charles L. Allen, M.D., Los Angeles, Cal. With 111 Illustrations in the Text. New York: Rebman Company. Cloth, $5 net. 1915.

Professor Bing presents the various manifestations of the neurophathies in a somewhat novel manner. Rather than taking up the individual diseases, he groups those of a similar character, thus saving space as well as mental effort in their comprehension. Starting with the diseases of the peripheral nerves, he states that the affections of the peripheral nerves agree so generally in their diagnostic relations that we can readily consider their symptoms from two clinical points of view. Without doing violence to the facts, we will hence consider in common all disturbances of conduction, whether of traumatic, neuritic or neoplastic origin, and after that will take up peripheral nervous irritative symptoms, which in part have their origin in neuritic processes, in part as neuralgias, can claim a certain clinical autonomy. He then enters into a review of those elements, such as trauma, cold, compression, toxemias, causing an interference with the conductivity apparatus, and in order the pathogenesis and pathological anatomy, the general symptomatology of interruption of conduction, viz., sensibility, motility, trophic functions, vasomotor functions, reaction of degeneration, and the special symptomatology of the defects of function in the different peripheral nerves. He handles the entire field of neurology by this method, and what could be simpler and more interesting. In most textbooks too much space is given to reiteration, a neuritis is a neuritis wherever found, only differing from one and another according to the special function of the nerve involved. What is the use of stating time and again there is pain, loss of motion, etc.? One statement is sufficient. The only additional information that is necessary is that in loss of

the conductivity properties of the musculo-spiral there is wrist drop, in oculo-motor palsy ptosis, etc. If the book serves no other purpose, it gives us a change of diet and awakens renewed interest in the subject by presenting it in an entirely different manner than the other books. He has subordinated the topographical and pathologico-anatomical classification to the etiological and pathologico-physiological. By this arrangement he has been able to produce an ideally practical book for the general practitioner, taking up, in order, diseases of the peripheral nerves, the dyskinesias, progressive muscular atrophies, spastic spinal paralysis, hereditary family ataxias, multiple sclerosis, further diffuse diseases of the spinal cord, the syphilogenic diseases of the central nervous system, etc.

There is entirely too much similarity in the method of presenting most medical subjects. One man starts the fashion and the rest follow as a matter of course. As a consequence, the books do not represent the individuality of the writer. This book at a glance shows us that the writer is master of his subject, and has a wide comprehension of neurology. It is a thoroughly modern presentation of those affections relegated to the field of medicine spoken of as neurology. It is practical, and should be immensely helpful to those seeking information about the common neurological affections.

The Obstetrical Quiz for Nurses. A Monograph on Obstetrics for the Graduate and the Undergraduate Nurse in the Lying-in-Room. By Hilda Elizabeth Carlson. New York: Rebman Company. Cloth, $1.50 net. 1915.

This book is no more nor no less than it claims to be, namely, a quiz compend, but it is an excellent example of its class, being sufficiently comprehensive for the nurse's purpose and withal so plainly put that the user cannot help but be benefited by its use. The whole field of obstetrics is thoroughly covered, besides much collateral material, such as the anatomy of the new-born, infant feeding, etc. Labor, both normal and abnormal, is thoroughly discussed as it affects the nurse. Its utilization by the nurse, both graduate and undergraduate, should prove extremely beneficial when unexpected emergencies arise. It gives us great pleasure to recommend it to our readers.

Surgery of the Blood Vessels. By J. Shelton Horsley, M.D., F.A.C.S., Surgeon in Charge of St. Elizabeth's Hospital, Richmond, Va.; Founder and Fellow of the American College of Surgeons; Ex-President of the Richmond Academy of Medicine and Surgery; Member of the Southern Surgical and Gynecological Association, etc. Illustrated. St. Louis: C. V. Mosby Company. 1915. Cloth, $4.00 net.

Many, many years ago Lambert successfully sutured a ruptured femoral artery by a technic somewhat similar to the old method of repairing hare-lip by pins. Since that time until within a very re-

cent period practically little advance had been made in vascular surgery. During the past decade, however, rapid strides have been made in this particular field, and mostly by Americans. Murphy, Matas, Crile and Carrel and Guthrie have led the way, followed by a host of imitators. The former and their disciples have shown that suturing of rents in blood vessels, substitution of segments for chasms, union of artery to vein, thus reversing the current and the restoration of an artery to its normal dimensions when dilated are all possible as well as practicable. Americans should feel proud of this work, for it is pioneer in character and opens up unthought-of vistas, such as the transplantation of organs, etc. The monograph by Horsley in simple language unfolds what he has accomplished along these lines, together with the accomplishments of his contemporaries. It is exceptionally well illustrated, of pleasing style, and practical, thereby making it useful to surgeon and practitioner alike.

Principles and Practice of Physical Diagnosis. By John C. Da Costa, Jr., M.D., Associate Professor of Medicine, Jefferson Medical College; Assistant Visiting Physician, Jefferson Hospital; Consulting Physician, Northwestern General Hospital; Fellow of the College of Physicians of Philadelphia; Fellow of the American Academy of Medicine, etc. With 243 Original Illustrations. Third Edition, Thoroughly Revised. Philadelphia and London: W. B. Saunders Company. Baltimore: The Medical Standard Book Co. 1915. Cloth, $3.50 net.

Da Costa's Physical Diagnosis has so established its worth that it is untirely unnecessary for this reviewer to give forth utterances of commendation. The fact that it is another effort of John C. Da Costa is sufficient guarantee of its thoroughness, usefulness and reliability. Every one sooner or later must decide upon the acquisition of a more modern physical diagnosis than the one in his possession, as this feature of medicine, like all others, is continuously changing. Day by day old methods are discarded for newer, better and more simple, as well as daily new points are being added to facilitate the recognition of the disorders of the human machinery. It is with these instruments of detection that Da Costa's Physical Diagnosis deals, and the reviewer is pleased to report to the readers of the Maryland Medical Journal that the author has handled the subject with that same keen insight into the useful as in the previous editions of the book before us. The sailor without a compass would soon be lost at sea, so will the medical man without a proper appreciation of the normal and abnormal appreciation of the body. This volume offers those desiring a thoroughly modern exposition of those measures which are in employment of progressive physicians of the day in arriving at and performing a systematic, scientific physical examination. It is therefore with the greatest of pleasure that we place our stamp of approbation upon the book.

MARYLAND MEDICAL JOURNAL

NATHAN WINSLOW, M.D., *Editor.*

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BALTIMORE, JUNE, 1916

THE DUCTLESS GLANDS.

THOUGH the profound influence exerted by the removal of the sexual organs of the young was thoroughly recognized by both physician and laity since the very earliest days, and must have been the foundation of much speculation, it was not until Addison in 1855 in a description of the destruction of the suprarenal glands in the disease which bears his name first directed the attention of the profession to the relationship between the diseased gland and the disease. The clinical findings were definitely proven to depend on a definite pathological lesion. Then, little by little, our knowledge concerning the important role played in the human economy by these, for the most part, small organs has been increased by the investigations of a host of observers. Gull, Ord and Charcot first described myxedema clinically and Theodore Kocher and Reverdin demonstrated that this picture is due to the absence of thyroid secretion. Next Moebius expressed the opinion that exophthalmic goitre depends upon an abnormally increased activity of a ductless gland. These observations were the forerunners of the now naturally accepted view that a lack or abnormal activity of the ductless glands exerts a powerful influence on the well-being of the body. It is pretty generally accepted by the profession that the absence of the thyroid secretion is the element underlying the disease called Cretinism and an excess of the secretion of exophthalmic goitre. Likewise the presence or absence of the internal secretion of the pituitary gland produces a definite clinical picture, and so

with the removal of the sexual organs, the pancreas, the adrenals, the parathyroids, the thymus, etc. Aromegaly is now known to be due to an increased activity of the function of the hypophysis and infantilism to a decrease in the functional activity of that gland. Though these secretions have not been isolated in pure form, still by disease and by pathological experiment it has been proven peradventure that they exert a powerful influence in regulating the complex processes sustaining life. Biedl expresses this view very happily, viz., Formerly every correlation of organs was regarded as nervous; today, however, even nervous actions are regarded as brought about chemically. In other words, that the correlation of the bodily processes is a chemical not a nervous phenomenon. It is needless to speak of the influence of the ductless glands on growth —you all are fully aware of the overdevelopment of the castrated cat, the slender lines of the eunuch, etc., but, perhaps, you are not so well acquainted with the influence the ductless glands exert in regulating metabolism. Carbohydrate metabolism is regulated by the pancreatic insular apparatus, the destruction of which the carbohydrate equilibrium of the body is markedly disturbed. These and many other questions of more than passing interest to the profession are thoroughly discussed from a clinical standpoint by Meyers in a translation of Falta's The Ductless Glandular Diseases. So many of the obscure clinical manifestations of a disturbance of the physiological status of the body are due to some derangement of one or another, or a group of these organs, that too intimate a knowledge of the clinical signs associated with this or the perversion of the secretions of that gland of internal secretion cannot be had. There is no doubt that it will be welcomed by our readers, as in it are found accurate and detailed descriptions of all of the symptom groups which have their origin in lesions of the internal secretory glands. It should prove doubly welcome, as it contains, not only bedside observations, but also the record of Professor Falta's laboratory investigations.

Medical Items.

Twenty graduates of the Training School for Nurses of Mercy Hospital received their diplomas at the commencement exercises, May 16th, held in the amphitheater of the College of Physicians and Surgeons. A gold medal was awarded to Miss Genevieve M. Biesecker for attaining the highest average.

The graduating exercises of the class of 1916 of the Training School for Nurses of the Hebrew Hospital was held at Lehmann's Hall, May 17th. There were eight graduates.

The graduating exercises of the nurses of the class of 1916 of the Church Home and Infirmary Training School for Nurses were held at the Home, May 10th. There were fourteen graduates.

Dr. George E. Lancaster, for fifteen months a member of the surgical staff of the Franklin Square Hospital, has resigned.

At a meeting of the Faculty of Physic of the University of Maryland, School of Medicine, and College of Physicians and Surgeons, May 5th, the first step toward the admission of women as students on an equal footing with men or on any footing in the medical department was taken, when their admission was recommended. Action was deferred until the meeting in June. Many of the professors are in favor of the movement, and it stands an excellent chance of being made a part of the policy of the department in the near future.

Another step decided on at the meeting of the faculty was that the senior class beginning next session will be divided into trimesters, instead of the usual semesters and the students will be required to spend one-third of their time in the University Hospital, one-third in the Mercy Hospital, and one-third in the Maryland General Hospital. While at the University Hospital, the senior students will live in the hospital itself and be assistants in clinical work.

Dr. James M. H. Rowland was elected dean to succeed Dr. William F. Lockwood, resigned. Dr. Randolph Winslow was elected president of the faculty, Dr. John W. Chambers, vice-president, and Dr. William S. Gardner, secretary. Dr. William Simon resigned as professor of chemistry; Dr. Henry J. Walton was made associate in Roentgenology and placed in charge of the X-ray work of the hospital, vice Dr. Henry Chandlee, deceased; Dr. Robert P. Bay, associate professor of clinical surgery; Dr. Frank Lynn, associate professor of surgery, and Dr. Charles E. Simon, professor of chemistry and a member of the Board of Regents; Dr. Hiram Woods, professor of the eye and ear and a member of the Board of Regents.

The one hundred and eighteenth annual meeting of the Medical and Chirurgical Faculty of Maryland, was held in Baltimore, April 25th to 27th. Officers were elected for the ensuing year.

The first case of smallpox at Quarantine since last year was taken from the British freighter Strathness, May 15th, by Quarantine Physician Thomas L. Richardson. The ship was from Oran, Algiers, and the patient a native of the tropics. The case was a mild one. The ship was detained at the station for fumigation and the vaccination of the crew.

The Faculty of Physic of the University of Maryland, School of Medicine, and College of Physicians and Surgeons, Baltimore, announces that beginning with January 1, 1918, two years of premedical work of college grade will be required for admission.

About one hundred and fifty physicians of Baltimore and other cities united in paying tribute to Dr. Randolph Winslow, at a testimonial dinner given at the Belvedere Hotel, May 8th, in honor of the completion of his twenty-fifth year as a member of the major faculty of the University of Maryland. Dr. William P. Stubbs was chairman of the committee on arrangements.

A Gift of $150,000 has been made to the Johns Hopkins Hospital by the will of Miss Jessie Gillender, who died at Los Angeles, Cal., in February, 1916. A part of the money is to be used in scientific research into the cause, prevention and cure of epilepsy. It is thought that this laboratory will be connected with the Henry Phipps Psychiatric Clinic. The gift opens a new field for research work at the institution.

Dr. and Mrs. Thomas R. Brown, who have sold their country place at Ruxton, Md., expect to build a residence in Guilford. During the winter they have been occupying their town house at Biddle street and Maryland avenue.

Dr. Frederick N. Tannar who recently underwent an operation for appendicitis at the

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Franklin Square Hospital, is reported as doing favorably.

Dr. Edward N. Brush, Towson, Md., who was operated on for appendicitis the latter part of April, is making a good convalescence.

Dr. Henry O. Reik delivered an illustrated lecture on "Our National Parks in Their True Colors," at the Peabody Institute, April 25th.

Dr. Joseph S. Baldwin, Elko, is reported to be critically ill at the Johns Hopkins Hospital.

Dr. Playford L. Rush, an intern at the University Hospital, underwent an operation recently for appendicitis. He is getting along nicely.

Dr. Charles B. Thompson, for several years an assistant resident physician at the Phipps Psychiatric Clinic, has resigned to accept the appointment as executive secretary of the Mental Hygiene Society of Maryland. Dr. Thompson succeeds Dr. William B. Cornell, who is now at the head of the Children's Hospital and School at Randall's Island, N. Y. Dr. Thompson was graduated from Johns Hopkins Medical School in 1913.

BIRTHS.

Recently to Dr. James B. Holmes, Johns Hopkins Medical School, '12, and Mrs. Holmes, of 15 East Read street, a son—James B. Holmes, Jr.

MARRIAGES.

Joseph L. Valentini, M.D., University of Maryland Medical School, '07, to Miss Phyllis N. Kidwell, both of Baltimore, Md., at Baltimore, June 26, 1916. Dr. Valentini is the son of Dr. J. Valentini, chief surgeon of the Fire Department. He assists his father in the work of the department.

DEATHS.

Henry Chandlee, M.D., University of Maryland Medical School, '82; Hahnemann Medical College, Philadelphia, '63; associate in roentgenology in the University of Maryland; formerly roentgenologist of the Kernan Hospital for Crippled Children, Baltimore; a member of the Medical and Chirurgical Faculty of Maryland and secretary of the Roentgenological Society of Baltimore, died at the University Hospital, April 19, 1916, from the effects of a carbuncle, after an illness of two weeks, aged 62 years.

Edward Kelley, M.D., Baltimore University, '87; for a time city physician of Trenton; died in St. Francis' Hospital in that city, April 6, 1916, from typhoid fever, aged 62 years.

John Rice Fletcher, M.D., College of Physicians and Surgeons, '91; formerly a Fellow of the American Medical Association; a member of the American Academy of Ophthalmology and Oto-Laryngology, and American Otological Society and once president of the Chicago Laryngological and Otological Society; professor of diseases of the ear, nose and throat in the Chicago Post-Graduate School; died at his home in Winnetka, April 28, 1916, from pneumonia, aged 51 years.

Mary Catherine Buell, M.D., University of Minnesota, Minneapolis, '97, of Cumberland, Md.; formerly a Fellow of the American Medical Association; died February 8, 1916, from intestinal obstruction following colectomy, aged 59 years.

Millard F. Cockran, M.D., University of Maryland, Medical School, '84; of Wilmington, Del.; a member of the Delaware State Medical Society; died in the Jefferson Hospital, Philadelphia, April 7, 1916, from hemorrhage of the stomach and intestines, aged 57 years.

James H. Gibson, M.D., Baltimore Medical College, '93, of Dunbar, Wis.; for fifteen years a practitioner of Green Bay; died at his home in that city, April 5, 1916, from dropsy, aged 65 years.

Joseph S. Baldwin, M.D., University of Maryland Medical School, '74, of Freeland, Baltimore County, Md.; Health Officers of the Sixth District of Baltimore County; died at his home, May 6, 1916, aged 70 years.

Henry L. Donsife, M.D., University of Maryland Medical School, '64, of Woodsboro, Md.; at one time a prominent physician of Frederick, Md., died at the Montevue Hospital, May 10, 1916, as the result of being scalded in a bathtub, aged 73 years.

Joseph H. Hewitt, M.D., Johns Hopkins Medical School, '06, of Saranac Lake, N. Y.; a Fellow of the American Medical Association; a member of the American Association of Pathologists and Bacteriologists; formerly a pathologist of Chicago and Cleveland; died in Saranac Lake, January 10, 1916, aged 37 years.

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The Meeting of December 6, 1915.

Dr. McCluney Radcliffe, Chairman.

Congenital Cataract.

Dr. S. D. Risley recited briefly the history of four cases of reputed congenital cataract, present in both eyes of each patient, which had been assigned to his service since the first of October. These cases were all in the wards and under treatment at the same time. The youngest patient was seven, and the oldest fourteen years of age. Two of the cataracts were of the lamellar, or zonular type. The others presented posterior capsular opacities, with wheel-like radiations of opacity in the posterior cortex. One of the zonular cataracts was in a girl, both of whose parents were deaf mutes, but no hereditary cataract could be traced. Dr. Risley thought it unusual to have such a group under observation at once. Two of the cases were exhibited, the other two having been discharged with clear black pupils and good vision. The cases were presented to illustrate the speedy results reached by the surgical procedure adopted. Dr. Risley spoke of the many weeks of hospital life required by the repeated discussions which, in common with his colleagues, he had formerly employed. For many years he had, instead of repeated needlings, to secure the slow absorption of the opaque cortex, made a vertical incision of the capsule from the lower margin of the dilated pupil to the upper margin, and this was immediately followed by a deep incision along the same line in the cortex of the lens. Two to four days later, a keratome was introduced at the upper limbus, and carried deeply into the now flacculent and opaque lens, cutting across the line of incision made in the capsule at the first operation, and as near as possible to the upper margin of the dilated pupil. The keratome was then partially and slowly withdrawn, the back of the blade pressed backward against the iris and causing the wound to gape, at the same time preventing the prolapse of the iris into the wound, but allowing the soft cortex to escape, at the will of the operator, over the anterior surface of the blade. If necessary, slight pressure could be exerted with the fixation forceps from below.

In each of the posterior capsular cases an additional capsulotomy for the posterior capsule had been required; but in all the cases a clear black pupil had been secured in from four to six weeks. In one of the cases there was still some cortex remaining, but disappearing five weeks after admission to the hospital. He thought that this procedure diminished very markedly the hospital days, and avoided the danger of repeated discissions; also the recurrence of the inflammatory reaction, so frequently occurring in the presence of cortical debris in the anterior chamber. He had seen many instances of uveal disease after discissions, many of which he thought were not to be explained by the mechanical presence of the fragments of cortex nor by increased tension, but seemed to be due to some toxic properties of the cortex. He felt that this was certainly true of some varieties of cataract—the Morgagnian cataract, for example.

Dr. Posey commended Dr. Risley's method of removing the lens matter by expressing it shortly after a preliminary needling. He had himself followed this method in a number of cases. He

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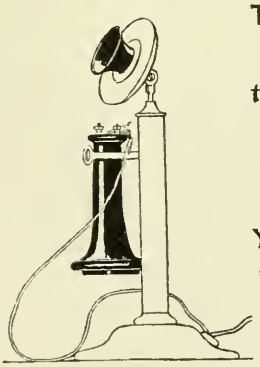

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said that as it is usually desirable to give an anesthetic of some kind in needling the eye of a young child, any procedure that diminishes the frequency of such anesthetications is of value. He uses a sraight spatula for the removal of the soft lens matter, and makes his incision in the horizontal plane of the cornea, 2 mm. from the limbus. The class of cases referred to by him before a recent meeting of the State Society, in which the capsule of the lens is dense and often the seat of calcareous change, is best treated by depression of the opacity into the vitreous by the knife-needle, such a procedure giving more hope for vision than unsuccessful attempts to move the calcareous mass, either by the knife-needle or by the De Wecker scissors.

Dr. Schwenk stated that he makes a crucial incision in the lens capsule after the lens matter becomes semi-opaque, he curetes the lens in a similar way to the method described by Dr. Risley. Loose cortical matter, when not in the capsule, acts as an irritant; and the sooner it is expressed the more quickly will the eye get well. Dr. Schwenk thought that Dr. Risley deserved to be complimented on obtaining such fine results in so short a time.

Dr. Zentmayer said that when so experienced and skillful an operator as Dr. Risley was unfortunate enough to get a slight prolapse in one case and a drawing up of the iris in another, he, himself, would adhere to the safer procedure of discission. While Dr. Zentmayer thought it true that this method is slow, he said that, aside from the infinitesimal danger of infection, it is safe. In most cases two discissions, supplemented in some cases by a capsulotomy, are sufficient.

THE INFLUENCE OF ALCOHOL ON THE OPERATION FOR CATARACT.

Dr. William Campbell Posey said that doubtless the most common influence is that which exerts itself on the minds of patients about 48 hours or later, after the removal of the lens; for a while he did not agree with Martin, the celebrated French observer, that alcohol is responsible for most of the cases of delirium after cataract operations, he thought that it accounts for quite a number. He wished, however, to speak on the influence of the abuse of alcohol in setting up active uveal changes some days after the operation, in eyes in which healing had been prompt and without complication. He referred to the case of a man 70 years of age, in whom the vitreous became fluid and filled with a flocculent material, in conjunction with all the signs of an acute uveitis, four or five days after the operation. In another case, that of a lawyer, aged 76 years, also a free user of whiskey, a form of plastic irido-cyclitis was set up about four days after the operation. It yielded very stubbornly to treatment. Although in neither of these cases did the urine show positive evidences of renal disease, Dr. Posey was convinced that subtle changes must have occurred in the kidneys, as well as the liver, in consequence of the prolonged abuse of alcohol, which had interfered with metabolism and had originated the inflammatory changes in the eye following the operative procedure. Such cases do best on salicylates, moderate diaphoresis, atropin, dionin and ice, locally. Later, some form of iodide is of service.

Dr. Risley was much interested in the cases reported by Dr. Posey. He said that it was doubtless true that the habitual use of alcohol in any form reduces the ability of the organism to resist disease or to repair injury; as after a surgical procedure. The same, he stated, is true of ether, chloroform or opium. All

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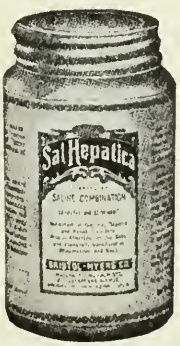

have seen how rapidly apparently strong, vigorous men that drink alcoholic beverages freely, live sumptuously every day, and are clothed in purple and fine linen, may succumb to disease; to pneumonia, for example. Their powers of resistance and repair are disabled. Therefore, the prognosis after surgical interference in such individuals is not good, as Dr. Risley had had many opportunities to observe.

Dr. Burton Chance remarked that he supposed that there is no condition so disappointing as to have inflammation occur after clean operations in presumably robust individuals, as had occurred in the two cases presented by Dr. Posey. Such an occurrence leads to the consideration of the peculiar condition excited by operation. Such individuals have been immune from all disease since childhood, and this being their first illness, the cataract operation develops a weak point. In such persons as Dr. Posey's patients, alcohol had served as a "preservative," and recovery from the effects of traumatism requires a continuance of its administration. From his own observation of the technique of a number of careful surgeons Dr. Chance does not look upon such post-operative inflammation as of septic origin. On the contrary, in the class of cases under discussion he is himself inclined to the belief that in the disintegration of lenticular particles, noxious compounds are created, which, together with the presence of the particles themselves, excite inflammation in the uveal tissues. This process would confirm the supposition that such inflammatory reactions are endogenetic, rather than exogenetic, in origin.

HYALINE DEGENERATION OF THE CHOROID.

Dr. Burton Chance briefly reported a case of hyaline degeneration of the choroid, from Dr. Schwenk's service. In the absence of the patient, a girl of nine, Dr. Chance showed a water-color sketch of the eye-ground. A remarkable feature is the play of reflexes, he said, in a negroid fundus. The disk has much capacity on its surface, but does not appear to be swollen. Scattered throughout the entire fundus, but more numerous in the temporal region, are small globular and reniform spots beneath the retina. Certain of the temporal vessels are more sharply outlined than in the normal eye. The fundus presents no signs of active inflammation; the areas are discrete and in no region show coalescence. The peripheral field of vision shows marked contraction, but no localized scotomata. The left eye seems normal in all respects, and the fields are ample. The child is an unusually intelligent Russian, but from her mother, no history could be obtained pointing to a cause for these unusual ocular conditions.

Dr. Zentmayer said that Dr. Chance's case was similar to one that he had recently seen in consultation. A woman, 30 years of age, presented in each fundus small, bright, but not brilliant, yellowish dots, grouped about the macula; more, however, toward the nasal than the temporal side of the fobea. Similar dots were scattered throughout the fundus, up to the region of the ora serrata. In one eye there was a small patch of congenital atypical pigmentation of the retina, and also a small spot of choriodal atrophy. There was a low-grade night blindness. Light sense, tested by Dr. Langdon, on the Langdon photometer, showed the minimum of normal. The visual fields were contracted to within 40 degrees of fixation for form, and 20 degrees for red. The case

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seemed to belong to the class of retinal degenerations without pigmentations.

RESULT OF A HEISRATH-KUHNT OPERATION.

Dr. William Zentmayer exhibited this case to show the destructive effects of grattage and the result from combined excision and resection. As the result of grattage, broad bands of conjunctiva stretched between the lids and ball, making it difficult to secure sufficient conjunctiva to take the place of the excised tissue in the Heisrath-Kuhnt procedure. Ten days had elapsed since the operation, which had been done because of repeated ulceration of the cornea; and already the ulcers were healed. The patient stated that the eyes were more comfortable than they had been for years. On the one side, there had resulted a widening of the palpebral fissure, whereas on the other side there was a slight narrowing of the fissure.

RESULT IN AN O'CONNOR OPERATION FOR SQUINT.

Dr. Zentmayer showed this case to demonstrate a good result obtained in nearly every case that he had operated on by this method. The case was one of esotropia of 45 degrees, in a girl eight years of age. It was only 12 days since the operation, the stitches having been removed two days before, and the patient showed about five degrees of over-correction. Both externi had been advanced, but no tenotomy of the interni had been made.

Dr. Posey said that he had done the O'Connor operation upon 10 patients or more and had had great reaction follow it in two cases, the tissues at the site of the advancement having sloughed three or four days after the operation. While the results in some of the cases were extremely good, the amount of reaction obtained in two cases caused Dr. Posey to reserve his opinion regarding the value of the method until he had had further experience with it.

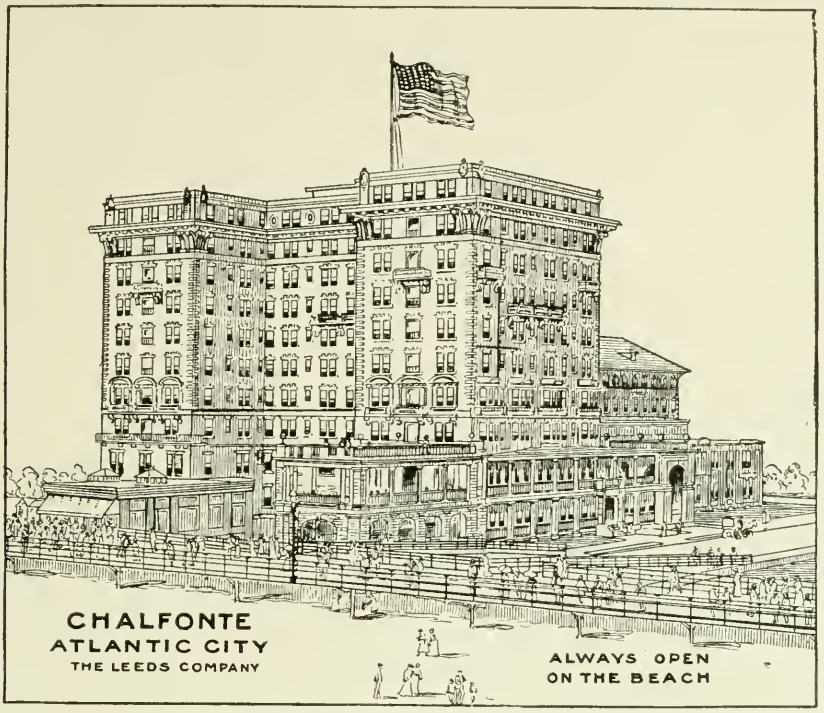
Dr. Chance said that the O'Connor operation, while still on trial, has amply demonstrated its efficiency. In his own experience of four cases, he had been impressed by the mildness of the reactions. In each instance, the patient had been able to leave the hospital or his house by the end of a week. The total effect of the advancement had been most satisfactory in each case. Dr. Chance had not seen ulceration, necrosis, or any other disturbance of the tissues about the knots; but in his first case, a cyst was noticed at the lower angle of the conjunctival scar. This cyst, he assumed to be in some way connected with the dissolution of the cat-gut, although it might have been caused by the inclusion of the conjunctival tissues within the wound. He snipped it, and after an interval of several months, it has not reappeared.

J. Milton Griscom, M. D.,

THE EATING OF CANDY.

In one of his most brilliant essays, "The Seven Deadly Sins of Society," Dr. George M. Gould placed candy-eating side by side with syphilis, tuberculosis, gonorrhea and several other great social vices. He told of the enormously increasing consumption of this food, and ascribed to it much of the alleged physical deterioration of our degenerate race.

In spite of Dr. Gould's philippic, there seems to be a growing sentiment that candy, instead of being a curse, is really a blessing. This is beautifully set forth in a fine editorial upon "King Candy," which we are reproducing in another part of this journal, from



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the *Medical World*. After all, sugar is a food—one of the most easily digested and most rapidly metabolized of all foods. For the quick release of energy, so urgently demanded by the young and vigorous, it takes first rank. There is only one substance which is turned into fuel in the body more quickly, and that substance is alcohol. Alcohol itself is a food, but no one now claims that it is a desirable addition to the dietary, because of the physical deterioration and the too-frequent vice which accompanies its habitual use. Sugar, on the contrary, produces energy without apparent injury; at least, the injury which may be produced is purely problematic.

Many of our readers will remember that in Jack London's autobiographic story of a struggle to throw off the power of alcoholic drink, "John Barleycorn," he told that during his boyhood and early manhood he had a constant craving for candy, and when he could get candy he had no desire for alcohol. Always he detested Barleycorn, and always longed for the sweet. From both he got energy—but one injured, the other helped. It is probably in recognition of this longing, which prevents men from taking to drink, that the United States Government buys enormous quantities of candy to ship to its soldiers in the Philippines.

We are certainly very much inclined to agree with the *World* that the popular prejudice against candy "is born of Puritanism and stinginess, equal parts." It is certain that all children long for candy, and the writer has yet to see any child who, in his opinion, has been injured by its use in moderate quantities. The seemingly exhaustless energy of children, their impulse for action at all times and under all circumstances, demands large quantities of food readily convertible into energy. It is this impulse which probably is responsible for the craving for sweets. There is little or no evidence that decay of teeth is caused by excess of sugar. It is far more likely to be caused by neglect of proper cleaning of the teeth.

DO YOU KNOW THAT

TODAY is always the best day to clean up?

Fresh air, food, rest—these three combat tuberculosis?

The U. S. Public Health Service has reduced typhoid fever 80 per cent. in some communities?

Overeating, constipation, lack of exercise, foul air, eye strain, may produce headache?

Polluted drinking water causes many deaths?

An efficient health officer is a good community investment?

Bad teeth handicap children?

Insufficient sleep endangers health?

Efficient muzzling of dogs will eradicate rabies?

The protection of the health of children is the first duty of the nation?

Bad temper is sometimes merely a symptom of bad health?

Insanity costs every inhabitant in the United States $1 per year?

The U. S. Public Health Service has proven that typhus is spread by lice?

Untreated pellagra ends in insanity?

In the lexicon of health there is no such word as "neutrality" against disease?

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THIS Directory is maintained mainly for the benefit of local firms seeking the patronage of physicians and their families. Only well established and reliable concerns will be represented, and doubtless the space at our disposal will be constantly in demand. In responding to these exploitations, the reader will find it mutually advantageous to mention the MARYLAND MEDICAL JOURNAL.

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Danger Due to Substitution.

HARDLY another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol.

The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proved injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired luster to the intended deceit.

This fraud, which was exposed at an action tried before the Supreme Court of Victoria at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribed. No "just as good" allowed.

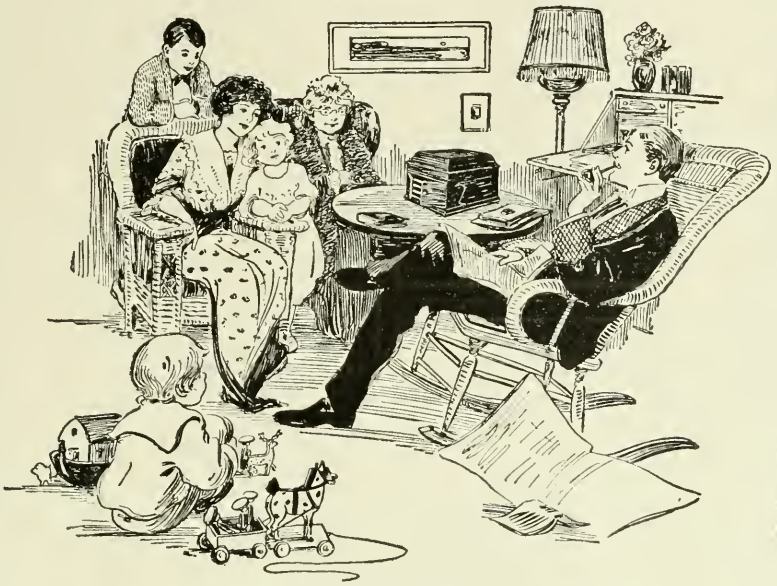
Pollen Extracts in Hay Fever.

AN illuminating pamphlet on Pollen Extracts and their adaptability to the prophylaxis and treatment of hay fever comes from the press of Parke, Davis & Co.

"As regards the symptom complex known as hay fever," says the booklet by way of introduction," there is no doubt in the minds of the majority of authorities at the present time that it emanates from the pollens of the flowers of various grasses, shrubs and trees. Elliotson, in the early part of this century, was the first to suggest the relation of the pollens of grasses to hay fever, but it was left for Blackley and later Dunbar and his pupils to definitely prove in a scientific manner this relationship.

"At present the pollen diseases are defined as a group of vasomotor disturbances, of seasonal periodicity, depending upon individual hypersensitiveness to the pollens of certain plants, and characterized by exudative catarrhal inflammation of the nasal, tracheo-bronchial and conjunctival mucous membranes. In America two varieties of hay fever are recognized—the spring variety, due to the graminaceae, especially timothy grass, and the autumnal variety, due to the compositae, especially the ragweeds. * * *

"It has also been established by Freeman, Goodale and others, as a result of much experi-



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mental and clinical work, that individuals who are susceptible to the proteid of one pollen are sensitive to proteids of other pollens of the same family, and that protection can be produced in the majority of patients by immunization with the extracts of the pollen of the most frequently encountered representative members of that family. Hence, Ragweed Pollen Extract will protect against members of the family of compositae, and Timothy Pollen Extract will protect against members of the family of Graminaceae. These two extracts, therefore, will be found suitable for prophylaxis and treatment for the large majority of cases of hay fever encountered in America."

In addition to the two extracts mentioned in the foregoing, announcement is made of a third product, Pollen Extract Combined. The three varieties are briefly described as follows:

"1. Timothy Pollen Extract, for the estimation, prophylaxis and treatment of the spring or vernal variety of hay fever.

"2. Ragweed Pollen Extract, for the estimation, prophylaxis and treatment of the autumnal variety of hay fever.

"3. Polen Extract Combined, which may be used in either vernal or autumnal hay fever, but is especially indicated in cases which begin early and last long, showing susceptibility to the early and late pollens."

The prophylactic and therapeutic use of the extracts is, of course, fully covered in the pamphlet, which also contains excerpts from articles by various well-known authorities—Ulrich of Minnesota, Freeman of London, Lowdermilk of Kansas, Koessler of Rush Medical College (Chicago), Cooke of New York City, and others. It is not extravagance to say that the booklet, which bears the title "Pollen Extracts," is a valuable contribution to our current literature on the subject of hay fever. A copy of it may be obtained on request from Parke, Davis & Co., Detroit.

The Delicate School Girl.

Even the most robust and generally healthy children show the deleterious results of the modern system of educational "forcing" that prevails in most of our larger cities. The child that starts the school year in excellent physical condition, after the freedom and fresh air of the summer vacation, in many instances, becomes nervous, fidgety, and more or less anemic, as the term progresses, as the combined result of mental strain and physical confinement in overheated, poorly ventilated

schoolrooms. How much more likely is such a result in the case of the delicate, high-strung, sensitively organized, adolescent girl? It is certainly a great mistake to allow such a girl to continue under high mental pressure, at the expense of her physical health and well being, and every available means should be resorted to to conserve the vitality and prevent a nervous breakdown. Regularity of meals, plenty of sleep, out-of-door exercise without fatigue, open windows at night and plenty of nutritious food, should all be supplied. Just as soon as an anemic pallor is noticeable, it is a good plan to order Pepto-Mangan (Gude) for a week or two, or as long as necessary to bring about an improvement in the blood state, and a restoration of color to the skin and visible mucous membranes. This efficient hematinic is especially serviceable in such cases, because it does not in the least interfere with the digestion nor induce a constipated habit.

Putting Drug Fiends on Their Feet.

WHEN, as a result of the Harrison anti-narcotic act, drug habitues were suddenly deprived of their accustomed drug, the trials of physicians increased coincidentally, for the unfortunates knocked at the doctor's door and clamored for help. The nervous system of these patients lacks stability; they do not sleep well, and their moral force is practically nil.

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A sample bottle of Pasadyne (Daniel) may be had by addressing the laboratory of John B. Daniel, Inc., Atlanta, Georgia.

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As the general practitioner knows only too well, dysmenorrhea is productive of much pain and misery. Epecially does it often severely handicap the working woman, since if not relieved by a safe and effective remedy, it renders her temporarily either unfit for her daily vocation, or compels her to fulfil her task under circumstances which essentially lower her efficiency. Naturally many women when suffering from this distressful condition have recourse to opium or some of its numerous preparations, which, to use an old adage, is, for the one afflicted, like "jumping from the frying pan into the fire." True, the pain will be relieved, but there is always the liability of establishing a habit, in addition to the other evils to be feared from the employment of opium or its derivatives. Fortunately it is rare that such drugs need to be used, except in the most exceptional cases, for in Phenalgin the profession have an excellent substitute, a remedy that exerts a thoroughly dependable anodyne or analgesic effect, without exercising at the same time any depressing or injurious action. Stated in brief, Phenalgin can be relied upon to control the severe pain of dysmenorrhea in all but the rarest cases, without the dangers or sequelae of other pain-relieving measures.

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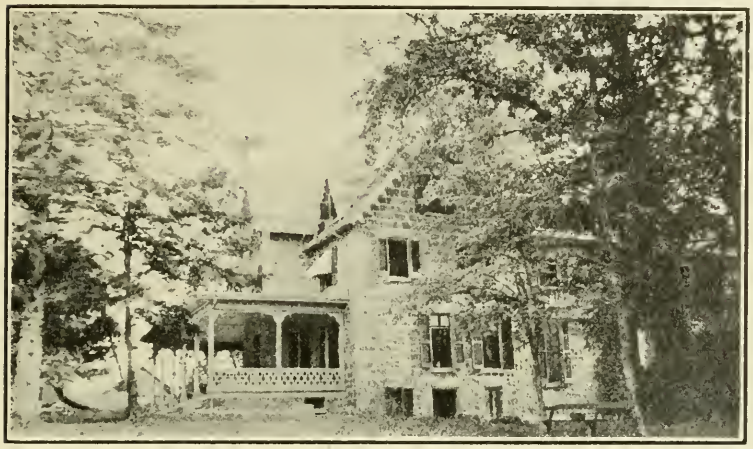

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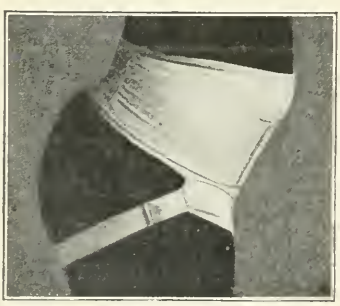

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